DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCOP-O

03 DEC 2007

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: US Army Medical Command FY08 Command Training Guidance

1. This is my guidance to MEDCOM Commanders, leaders, Soldiers, and Army civilians regarding my training philosophy and priorities.

a. Our mission and Mission Essential Task List (METL) remain unchanged and the topics we established last year are still valid. I am also adding emphasis to our Warrior Transition Units (WTU), Mild Traumatic Brain Injury/Post Traumatic Stress Disorder (MTBI/PTSD) and Unit Training Management. In addition, I am introducing a new Leader Development Program for our civilian workforce. It is imperative that we ensure a continuing source of highly-qualified civilian leaders in support of AMEDD readiness.

b. I have included the following attachments to assist in your planning and execution of this guidance.

(1) Mission and METL
(2) Training Priorities and Guidance
(3) Training Matrix
(4) WTU Mission and METL
(5) References

2. The four priority missions for the MEDCOM are:

a. Deploy the Force: Project and sustain a healthy and medically protected force. I expect commanders and leaders to take an active approach towards ensuring the individual medical readiness of supported and tenant organizations IAW AR 220-1 by maximizing existing readiness tools while assisting, training and forecasting medical readiness requirements.

b. Deploy the Medical Force: Train, Equip, and Deploy the Medical Force.

c. Manage and care for our Wounded Warriors and their Families.

d. Care for Families: Manage and promote the health of the Soldier and the military family.

3. Developing and sustaining our readiness enables us to support a wide spectrum of medical missions.

a. The Global War on Terrorism remains our focus but we must not shirk our responsibility to our remaining beneficiaries, nor our preparedness for contingency or consequence management response.

b. WTUs continue to focus on supporting our Wounded Warriors and implementing the standard operating procedures for the WTUs. Remember, the mission of these units is to set the conditions that facilitate the Soldiers' healing with the goal of returning the warrior to duty or facilitate a transition to active citizenship. Establishing the Army training management process is critical to the WTUs. Regional Medical Commanders are responsible for unit training and will integrate the institutional, operational, and individual self-development into the WTU training management system IAW FM 7-0/7-1. RMC Commanders must also assess and evaluate training and will, at a minimum, conduct training plan assessments, provide feedback, and ensure that WTU Commanders conduct Quarterly Training Briefs (QTBs). RMC Commanders will conduct semi-annual WTU QTBs to MEDCOM CG. Commanders will ensure subordinate units are conducting regular training meetings down to the company level. Enclosure 3 contains the specific training requirements for the WTU Cadre personnel and enclosure 4 contains the Mission and METL for each WTU in addition to the recommended QTB format.

c. NCOs are responsible for individual skills training and officers for collective skills. Commanders at all levels must provide clearly defined and measurable training objectives that support the unit's METL. Leaders will take a proactive approach in supporting deployment training requirements for all deploying Soldiers whether PROFIS or assigned. Leaders must stay involved. Even through competing priorities, ensure we train to standard, not to time.

4. My training priorities are individual, then collective medical skills, followed by leader development (including ethics), survival skills, and medical operational readiness. As always, safety remains paramount throughout all training.

5. The enclosures define our mission and METL (Encl 1), our training priorities and areas of emphasis (Encl 2), Army and MEDCOM mandated training requirements (Encl 3), and references (Encl 5) for your use. New for this year, but with training already underway, I want you to address the following:

a. AMEDD Pre-deployment Trauma Training. Our current wartime mission mandates a clear corporate pre-deployment trauma training strategy to ensure AMEDD personnel are prepared to effectively manage battlefield trauma. The purpose of this training is to refresh perishable skills prior to combat zone deployment emphasizing the principles of Tactical Combat Casualty Care aimed at eliminating preventable loss of life on the battlefield. Training recommendations are posted in AKO at URL: https://www.us.army.mil/suite/doc/7088777.

b. All Hazards Training. We must be well prepared for the eventuality that a biological event will affect this country in the future. Commanders will assign, train and exercise epidemic, immunization, medical treatment and all other contingency response teams.

c. Battlemind Training. HQ MEDCOM and subordinate commands will continue to implement the Battlemind training system, with the intent of establishing Battlemind training throughout the Army as the premier and preferred training system for Soldiers, leaders and family members. End state is inclusion of Battlemind Training in the Army Soldier Training and Leader Development Model and inclusion in the Installation Management Activities (Army Community Services) training modules for family members. Battlemind training should occur both pre-deployment and post-deployment for Soldiers and their Families.

d. mTBI/PTSD Training. mTBI/PTSD is a training requirement for all Soldiers in the Active Army, Army Reserve, and Army National Guard. The intent of this training program is for all Soldiers to recognize the symptoms of MTBI/PTSD and to facilitate their access to treatment. All MEDCOM Soldiers have received this training through the chain teaching program. Newly assigned Soldiers that have not received this training will be trained within 30 days of assignment. mTBI and PTSD education will be incorporated into all levels of Officer and NCO development courses. The mTBI/PTSD training program is evolving and the specifics of future training requirements for MEDCOM civilians, Soldiers and providers are currently being developed by AMEDDC&S and Health Policy and Services which will be published via ALARACT or OPORD.

e. Civilian Leader Development Training. In Jan 07, the Army launched the new Civilian Education System which offers progressive and sequential leadership courses that are requirements-driven, and delivered by a mix of distributed learning and resident training. The AMEDD Personnel Proponent Directorate in the near future will provide specific course information and attendance requirements in the MEDCOM Civilian Leader Development Program Policy in the near future. I have directed that all new MEDCOM civilian employees hired after 30 Sep 06 complete the Foundation Course (FC). The FC is designed to both provide a "greening" orientation to the Army and some of its systems and to begin the development of an effective Army team member. Employees must complete the on-line FC within six months of appointment. There is no cost for the course, and it may be completed on duty time. Employees may register for the FC at: http://www.amsc.belvoir.army.mil/ces/.

6. We remain a Nation at war. Our task is to provide Soldiers with world-class healthcare wherever needed while continuing to provide quality healthcare to our entire beneficiary population. Properly resourced and executed, our training program enhances mission accomplishment, readiness, improves the professional competence of our Soldiers and civilians, and allows us to maximize our support to an Army at war.

GALE S. POLLOCK
Major General
Commanding

Encls
1. Mission & METL
2. Training priorities & guidance
3. Training Matrix
4. WTU Mission & METL
5. References

FY 08 Mission and METL

1. MEDCOM Mission.

To provide medical readiness for the US Army by projecting a healthy and protected force, deploying the medical force and managing the care of Soldiers, their dependents, and beneficiaries.

2. Mission Essential Task List (METL).

(a) Provide trained and ready Soldiers to support worldwide contingency operations.

(b) Provide medical, dental, and veterinary healthcare and services at specified operational sites in conjunction with beneficiary healthcare.

(c) Maintain and project the continuum of healthcare resources required to provide for the health of the force.

FY 08 Training Priorities and Guidance

1. Individual Medical Skills.

a. 68W Transition and Sustainment. Combat operations have validated the importance of transforming the combat medic from 91B to 68W. The additional skills and training have increased our ability to save Soldiers' lives. Support for this transformation is a consistently positive theme across a broad spectrum of commanders. We will continue to conduct 68W transition for Army COMPO II and III units and the sustainment training of Army COMPO I units to maximize available resources throughout the Army. Our Combat Medic Advanced Skills Training (CMAST) is the model and standard. More information is available at: http://www.cs.amedd.army.mil/68w/. Despite gallant efforts to transition all of the Active Component 68Ws, there are still approximately 530 Soldiers who have not completed the transition. Therefore, we must continue to exercise aggressive training programs to ensure units and Soldiers meet or exceed all established sustainment and Annual Skills Validation Testing requirements. As part of their higher level of training, 68W Soldiers must undergo training and qualification as Nationally Registered EMTs. The certification is valid for two years, but must be renewed NLT March of the second year. Leaders must ensure Soldiers take the appropriate steps to maintain EMT certification. Document all training in the 68W Tracking Module within the Medical Operational Data System (MODS). Meeting the Army's training requirement for Initial Entry Training is still a priority for the MEDCOM.

b. Graduate Health Education (GHE). We must continue to grow and develop AMEDD leaders. The quality of medicine we practice in both TDA healthcare facilities and deployed TOE medical units depends on high-quality GHE programs. Although supporting the deployed force in combat is our first priority, we must continue to train healthcare professionals and find acceptable methods to maintain quality GHE programs. We cannot sacrifice the development of future leaders or quality of medical care.

c. Professional Filler System (PROFIS). Identify and train PROFIS personnel. Provide collective and individual training opportunities that enhance both tactical and clinical skills. Commanders and PROFIS individuals must maintain appropriate emphasis on deployment readiness to ensure timely and appropriate response to short-notice contingencies. I strongly encourage annual weapons qualification (day fire) and the use of simulation, such as the Engagement Skills Trainer to train all PROFIS and deploying individual augmentees.

2. Collective Medical Skills.

a. Special Medical Augmentation Teams (SMART).

(1) SMART teams make significant contributions to successful operations in the GWOT. They also play a key role in potential Homeland Defense and Civil Support scenarios. Commanders will continue to identify, train, and prepare these teams to be ready for short-notice deployment(s) at all times. All Major Subordinate Commands

are responsible for ensuring that the personnel battle roster is built within the SMART Team requirements identified in Appendix C to MEDCOM Pamphlet 525-1 (1 Oct 03). Team members will complete individual training requirements in MEDCOM Pamphlet 525-1, Appendix C, Tab 2. Team members will also complete all required on-line training courses (Encl 3) within sixty days of assignment to the SMART battle roster. Current SMART members have until 1 Dec 07 to complete on-line training requirements.

(2) MSC/RMC Commanders will conduct semi-annual readiness exercises to provide an external evaluation of the SMART Team. This external evaluation will address at a minimum the teams ability to; conduct alert and notification procedures, palletize and load equipment IAW load plans, deploy to exercise location by ground or mil air, execute their SMART mission, and redeploy to home station from the exercise. SMART Team semi-annual exercises may be independent exercises or, preferably, incorporated into existing emergency response exercises involving local community, state, and federal responders. Conducting SMART Team training in an inter-agency environment is critical in order to validate team readiness to conduct Civil Support operations. Exercises in which SMART Teams may participate in for credit towards a semi-annual exercise are listed in Encl 3. Mass casualty exercises conducted at the SMART Teams home station that do not require deployment of the SMART outside of its home station do not meet the semi-annual exercise requirement.

(3) Commanders will ensure that SMART Team members are identified as an serving in an additional duty assignment and that individual and collective training is planned, scheduled and tracked as it occurs in DTMS.

b. All Hazards training. Commanders will ensure that medical personnel receive the training delineated in OPLAN 06-01, Pandemic Influenza Preparedness and Response, and Memorandum: Duties, Responsibilities, and Training Requirements for the Public Health Emergency Officer (PHEO) Installation Medical Emergency Officer (IMEO) Assistant to PHEO (APHEO), 13 Sep 06. Commanders will also implement training reference the MEDCOM Policy letter on Advanced Chemical, Biological, Radiological, Nuclear and High yield Explosives (CBRNE) Medical Training, 6 Aug 07. Effective immediately personnel appointed as PHEO/IMEO/APHEOs are required to complete duty specific training within six months of appointment to the position. Commanders will document the additional duty, and course completion data in the Digital Training Management System (DTMS). Medical personnel (based on position/assignment) are required to complete advanced CBRNE medical training NLT 31 Oct 08.

3. Leader Development.

a. Leader training. Each command will have Active Officer, Noncommissioned Officer, and Civilian Leader Development Programs. Emphasize continuing education and basic core competence for all leaders. Leader Development Programs must address the needs of all officers, warrant officers, noncommissioned officers and civilian

leaders. Ensure Leader Development Programs incorporate an effective mentoring program and maximum participation in the new Civilian Education System.

b. Military Education. GWOT deployments have curtailed planned career development and professional military schooling for individuals. Make every effort to create the opportunity for your Soldiers to receive the military schooling needed for their career development. Leaders must ensure Soldiers scheduled for training meet APFT and AR 600-9 standards for all NCOES, OES, and functional courses.

c. Detainee Medical Operations and Ethics. All uniformed AMEDD personnel will complete Detainee Medical Operation and Ethics training initially during their birth month training. Subsequently, deploying military, civilian or contract AMEDD personnel must complete the training within one year prior to deployment. Take Detainee Medical Operations and Ethics training on-line at: https://mhslearn.satx.disa.mil. Include Detainee Healthcare Operations and Medical Ethics in your Tactics, Techniques, and Procedures during PROFIS collective training opportunities.

4. Survival Skills.

a. Antiterrorism. Antiterrorism Training (AT) remains a top priority for Army organizations. Commanders will track the completion of annual AT level 1 training requirements for all personnel. AT level 1 training is found at: https://atlevel1.dtic.mil/at/. In addition, Commanders will ensure that area specific threat briefings are given to deploying personnel.

b. Operations Security (OPSEC). OPSEC is serious business and we must do a better job across the MEDCOM. The enemy aggressively reads our open source information and continues to exploit such information for use against our forces. Leaders at all levels must take charge of this issue and get the message down to the lowest level. OPSEC will continue to be a special interest item during command inspections. OPSEC tools, resources, and updates are available at: https://www.1stiocmd.army.mil.

c. Army Installation Protection Program. Personnel in MTFs at all levels must be trained to carry out our support mission of recognizing, responding to, and recovering from a CBRNE incident on an installation. MTF personnel must complete CBRNE Emergency Medical Personnel Response Course at the appropriate levels for their duty positions. In order to increase MEDCOM readiness, MTFs will conduct or participate in an exercise using one of the Installation Protection threat planning scenarios. In addition, MSC's with tenant Biological Surety Programs will conduct a Biological Accident and Incident Response and Assistance exercise. MTF Commanders will develop applicable collective, leader, and individual tasks in the absence of MEDCOM or TRADOC approved tasks to support training to standard and have these tasks approved by their higher headquarters.

d. Personnel Recovery (PR). PR is the task of bringing our Warriors home. It is part of the Warrior Ethos and must be embedded across the Army, including Soldiers, DA civilians, and DA contractors. To meet our individual PR training requirements, all Soldiers in OTSG/MEDCOM will complete Code of Conduct and Level B Survival, Evasion, Resistance, and Escape (SERE) training. Collective and Leader PR training will be incorporated into training exercises and paragraph three (execution) of OPLANS and OPORDERS. The PR program has specific training requirements and current references in the approved draft FM 3-50.1; ALARACT Message 22 Jun 05, Importance of Personnel Recovery, and DA Website: https://www.hqda-aoc.army.pentagon.mil. MEDCOM will support the Major Combatant Commands with SERE trained Psychologists for annual PR exercises. MEDCOM will continue to support on-order Repatriation Missions for US military, DoD civilians, and DoD contractor personnel, or other personnel as determined by the Secretary of Defense, who are isolated, missing, detained, or captured in an operational environment.

e. Safety Training. Composite risk management on and off-duty, and both at home station and when deployed will reduce accidents. We must train to standard but not become paralyzed by risk or become overly risk adverse. Leaders at all levels must do risk assessments in accordance with Field Manual 5-19 prior to any training event. All MEDCOM personnel will complete the Composite Risk Management Basic Course at: https://safetylms.army.mil/courses/c1554/eoc.asp. All Commanders, company through brigade, must take the Commanders Safety Course prior to assuming command or attending the Field Grade Pre-Command Course. Collateral Duty Safety Officers will take the Collateral Duty Safety Officer Course at: https://safetylms.army.mil/librix/loginhtml2.asp?v=usasc. All managers, supervisors, and employees will complete the one time requirement for occupational safety and health training consisting of the supervisor safety course and employee safety course at: https://safetylms.army.mil/user/mycourse.asp. In addition, everyone who drives an Army vehicle must complete the Accident Avoidance Course every four years at: https://safetylms.army.mil/user/mycourse.asp. The safety of our most valuable resource, our personnel, is paramount.

5. Medical Operational Readiness.

a. Fully Medically Ready (FMR)/Individual Medical Readiness (IMR). The MODS and MEDPROS offer a suite of tools designed to enhance readiness and daily operations. Leaders and Soldiers must familiarize themselves and use this capability. Moreover, I still direct the use of MEDPROS as the medical database of record for documenting and tracking FMR/IMR, including immunizations, for all Army personnel. Commanders at all levels are responsible for implementing and using MEDPROS in its entirety. AHLTA is the longitudinal medical record, and there will soon be an interface between AHLTA and MEDPROS for FMR/IMR data. In places where AHLTA or CHCS II is available to document of FMR/IMR data by medical personnel, it should be used preferentially. Where they are unavailable or where non-medical personnel need access to FMR/IMR data use MEDPROS. Successful implementation will include achieving 100% of MEDCOM personnel with current IMR data in the system.

Commanders are responsible to train and maintain personnel for "read" and "write" access to MEDPROS in order to maintain unit and individual medical readiness. In this manner, Commanders will ensure accurate data capture. The MEDPROS Unit Status Report (USR) Tool can be used to complete the USR worksheet. Additionally, Commanders can use this tool to project and update unit medical readiness delinquencies prior to the reporting date of the USR. These tools are available on the MEDPROS website at: http://www.mods.army.mil/.

b. Deployment Support. Leaders will take a proactive approach to support deployment training requirements for all deploying Soldiers whether PROFIS or assigned. I want Commanders to take an active role in seeking opportunities to improve the medical readiness of not only their own, but supported units on the installation or in the region as well.

c. AC/RC Integration. Reserve Components (RC) are an integral part of the AMEDD. Continue to coordinate and synchronize plans, operations and training with the RC to ensure real-world medical missions are seamless and well executed.

d. Army Mandatory Training. As part of a greater team we must meet other, larger, Army training requirements. Commanders are responsible for complying with all mandatory training included in Enclosure 3 and referenced in Enclosure 5.

6. Training Management.

a. Calendar Management. MSCs will use the DTMS to schedule, track, and monitor training and administrative events.

b. Documenting training. Commanders will ensure all Common Military Training (CMT), deployment training, individual and collective training is documented in DTMS. The DTMS is the authoritative source for reporting compliance with CMT, MEDCOM directed training and for providing MEDCOM leaders and staff the ability to analyze completion of DoD, Army, and command directed training.

c. Additional Duty documentation. Commanders will use DTMS to document additional duties performed within the command such as Safety Officer, SMART Team members, Public Health Emergency Officer, and other additional duty requirements required to complete unit mission.

d. Documenting Civilian Education of Wounded Warriors. Commanders of WTU will ensure the highest level of military and civilian education is documented in DTMS. Prior to the last working day of each month WTU Commanders will validate highest level of civilian education completed.

ARMY COMMON MILITARY TRAINING (AR 350-1)

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT OFF	ENL	CIV	Contr/Vol	PROFIS	Annual Hours	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
Unit Training										
Weapons Qualification & Training (PROFIS & Select Individuals (T)	AR 350-1	x	x			x	4			Address during unit training at home station. MEDCOM :PROFIS, Promotion, EFMB etc. Personnel not assigned a weapon or not designated PROFIS are exempt.
Army Physical Fitness Program (APFT) (T)	AR 350-1	x	x				4			Address during unit training at home station . Hours listed are for APFT testing only. AR 350-1 Requires AA units to conduct physical fitness training 3-5 times per week during normal duty hours. (Approx 150 hrs).
NBC Training (T)	AR 350-1	x	x				0			Address during unit training at home station. No Hours are listed for this requirement.
Equal Opportunity Includes Prevention of Sex Harassment, (POSH) and EO Small Group Training (T)	AR 600-20	x	x				4			Mandatory: 2hours Quarterly, POSH 2 Quarters: Small Group EO
In processing										
Army Substance Abuse Program (ASAP) (I)	AR 350-1	x	x				1		1	In processing, address when individual is initially assigned to the unit.
Health Benefits Awareness (I)	AR 350-1	x	x						1	In processing, address when individual is initially assigned to the unit.
Military Justice (I)	AR 350-1	x	x						1	In processing, address when individual is initially assigned to the unit.
Prevention of Motor Vehicular Accidents Program (I)	AR 350-1	x	x						1	In processing, address when individual is initially assigned to the unit.
Army Safety Program (I)	AR 385-10, AR	x	x	x			4		1	Required Quarterly Training for All Off, Enl, and Civ Personnel assigned/attached. Training includes Heat and Cold climate safety.
In processing/Pre-deployment										
Ethics (I,P)	AR 350-1	x	x	x		x	1	1	1	If required to file OGE 450. In processing. Pre-deployment: address before unit is deployed on an operational mission.
Antiterrorism/Force Protection (I,P)	AR 350-1	x	x	x		x	1	1	1	In processing. Pre-deployment: address before unit is deployed on an operational mission.
Army Family Team Building (I, P)	AR 350-81	x	x			x		1	1	In processing. Pre-deployment: address before unit is deployed on an operational mission.
Public Affairs Program (I, P)	AR 530-1, AR 380-5, MC Reg 350-4	x	x	x		x		1		In processing. Pre-deployment: address before unit is deployed on an operational mission.
Preventive Measures Against Disease and Injury (P)	AR 40-51	x	x	x		x		1		Pre-deployment: address before unit is deployed on an operational mission.
Subversion and Espionage Directed Against the Army (P)	AR 381-12	x	x	x		x	1	1		Pre-deployment: address before unit is deployed on an operational mission.
Law of War Training/ Detainee Ops (P)	AR 350-1	x	x			x		1		Pre-deployment: address before unit is deployed on an operational mission. This is in addition to the Detainee Healthcare and Medical Ethics training required of medical personnel
PR/Code of Conduct/SERE (P)	AR 350-1, AR350-30	x	x			x		1		Pre-deployment: address before unit is deployed on an operational mission.

CODES: (I) In processing - Address when individual is initially assigned to the unit.
(T) Training - Address during unit training at home station.
(P) Pre-deployment - Address before unit is deployed on an operational mission.

ARMY COMMON MILITARY TRAINING (AR 350-1)

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT OFF	ENL	CIV	Contr/Vol	PROFIS	Annual Hours	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
Unit Training										
Weapons Qualification & Training (PROFIS & Select Individuals (T)	AR 350-1	x	x			x	4			Address during unit training at home station. MEDCOM :PROFIS, Promotion, EFMB etc. Personnel not assigned a weapon or not designated PROFIS are exempt.
Army Physical Fitness Program (APFT) (T)	AR 350-1	x	x				4			Address during unit training at home station . Hours listed are for APFT testing only. AR 350-1 Requires AA units to conduct physical fitness training 3-5 times per week during normal duty hours. (Approx 150 hrs).
NBC Training (T)	AR 350-1	x	x				0			Address during unit training at home station. No Hours are listed for this requirement.
Equal Opportunity Includes Prevention of Sex Harassment, (POSH) and EO Small Group Training (T)	AR 600-20	x	x				4			Mandatory: 2hours Quarterly, POSH 2 Quarters: Small Group EO
In processing										
Army Substance Abuse Program (ASAP) (I)	AR 350-1	x	x				1		1	In processing, address when individual is initially assigned to the unit.
Health Benefits Awareness (I)	AR 350-1	x	x						1	In processing, address when individual is initially assigned to the unit.
Military Justice (I)	AR 350-1	x	x						1	In processing, address when individual is initially assigned to the unit.
Prevention of Motor Vehicular Accidents Program (I)	AR 350-1	x	x						1	In processing, address when individual is initially assigned to the unit.
Army Safety Program (I)	AR 385-10, AR	x	x	x			4		1	Required Quarterly Training for All Off, Enl, and Civ Personnel assigned/attached. Training includes Heat and Cold climate safety.
In processing/Pre-deployment										
Ethics (I,P)	AR 350-1	x	x	x		x	1	1	1	If required to file OGE 450. In processing. Pre-deployment: address before unit is deployed on an operational mission.
Antiterrorism/Force Protection (I,P)	AR 350-1	x	x	x		x	1	1	1	In processing. Pre-deployment: address before unit is deployed on an operational mission.
Army Family Team Building (I, P)	AR 350-81	x	x			x		1	1	In processing. Pre-deployment: address before unit is deployed on an operational mission.
Public Affairs Program (I, P)	AR 530-1, AR 380-5, MC Reg 350-4	x	x	x		x		1		In processing. Pre-deployment: address before unit is deployed on an operational mission.
Preventive Measures Against Disease and Injury (P)	AR 40-51	x	x	x		x		1		Pre-deployment: address before unit is deployed on an operational mission.
Subversion and Espionage Directed Against the Army (P)	AR 381-12	x	x	x		x	1	1		Pre-deployment: address before unit is deployed on an operational mission.
Law of War Training/ Detainee Ops (P)	AR 350-1	x	x			x		1		Pre-deployment: address before unit is deployed on an operational mission. This is in addition to the Detainee Healthcare and Medical Ethics training required of medical personnel
PR/Code of Conduct/SERE (P)	AR 350-1, AR350-30	x	x			x		1		Pre-deployment: address before unit is deployed on an operational mission.

CODES: (I) In processing - Address when individual is initially assigned to the unit.
(T) Training - Address during unit training at home station.
(P) Pre-deployment - Address before unit is deployed on an operational mission.

OTHER ARMY DIRECTED TRAINING

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT					Annual	Deployment	One Time	TRAINING
		OFF	ENL	CIV	*Contr/Vol	PROFIS	HOURS	HOURS	HOURS	FREQUENCY / REQUIREMENTS
Warrior Task Training (WTT)	AR 350-1	x	x			x	No Hrs			Required annual training for all Enl personnel SFC and below, LTs, and CW1-2. MSG and above at the discretion of the commander. Fiscal Year (FY) Training requirement.
NCO Development Program (NCODP)	AR 350-1, MC Reg 350-4		x				No Hrs			MEDCOM Reg requires 2 hours monthly. All Corporals through CSMs are required to attend NCODP.
Officer Development Program (OPD)	AR 600-100, MC Reg 350-4	x					No Hrs			Required monthly training for 2 hours minimum. All Officers are required to attend ODP. Bo specific hours are required.
Sergeant's Time Training (STT)	AR 350-1		x				No Hrs			Required monthly training for 2 hours minimum. All Enl personnel required to attend. No specific hours are required.
Operations Security (OPSEC)	AR 530-1, AR 380-5, MC Reg 350-4	x	x	x			1		1	Required training for all Off, Enl, and Civ personnel assigned/attached within first 90 days of being assigned. Requires annual integrated training as part of security training.
Notification & Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) Training	No FEAR Act of 2002 (15 May 2002)			x					1	Basic training for all civilian employees on/after 15 Nov 06.
Notification & Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) Training	(15 May 2002)			x					1	Refresher training conducted biennially thereafter.
Prevention of Sexual Harassment (POSH)	DA Policy dtd 23 Jun 03, MEDCOM Policy, dtd 11 Apr 07.			x					1	Basic course required for all civilians and supv of civilian employees.
Prevention of Sexual Harassment (POSH)	AR 600 -20, dtd Jun 06, Policy on POSH dtd 25 Jun 03. MC Policy on Sexual Harassment, 11 Apr 07			x			2			Refresher training twice a year to mirror military AR 600-20 requirement.
Composite Risk Management (CRM) Basic Course	Field Manual (FM) 5-19, 29 CFR 1960, DODI 6055.1 DODI 6055.4, AR 385-10, AR 385-55	x	x	x	x	x			1	All Military and Civilian employees within the command.
Commanders Safety Course (CSC)									1	Commanders company grade thru Bde prior to assuming command or attending the field grade pre-command course.
Collateral Duty Safety Officer Course									1	Additional duty safety personnel are required to complete the ADSC within 30 days of appointment.
Motorcycle Safety Training									1	mandatory for all soldiers operating motorcycles on or off post, on or off duty, regardless of whether the motorcycle is registered on post. soldiers must be in possession of an Motorcycle Safety Foundation (MSF) card. Civilians operating motorcycles need the MSF for on post operation only.
Accident Avoidance Course									1	All Soldiers, civilian employees and contractor employees who drive Army-owned or leased vehicles must complete the training. Refresher training required every four years.
Supervisor Safety Training (SST)									1	All supervisors will complete the Online Supervisor Safety Training (SST) or have documented evidence of prior SST, CSC or ADSO completion.
Employee Safety Course									1	Each organization will provide appropriate Safety and Health training to employees or have all new employees complete the online Employee Safety Training (EST). Personnel with documented completion of EST, ADSO, SST or CSC are not required to attend or take the online course.

* Contractor/Volunteers will complete requirements IAW their statement of work/contract

MEDCOM DIRECTED TRAINING

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT					Annual HOURS	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
		OFF	ENL	CIV	*Contr/Vol	PROFIS				
Health Insurance Portability and Accountability Act (HIPAA) Initial Training	DoD 6025.18-R DoD 8580.02-R	x	x	x					1.5	Required initial training for all Off, Enl, and Civ personnel assigned. Completed by most MEDCOM personnel in 2003 & 2005.
Health Insurance Portability and Accountability Act (HIPAA) Refresher Training	DoD 6025.18-R DoD 8580.02-R	x	x	x			1			
NCO Development Program	AR 350-1, MC Reg 350-4		x				24			MEDCOM Reg requires 2 hours monthly. All Corporals through CSMs are required to attend NCODP.
Officer Development Program	AR 350-1, MC Reg 350-4	x					No Hrs			Required monthly training for 2 hours minimum. All Officers are required to attend ODP. No specific hours are required.
Civilian Leader Development Program Foundation Course	Policy Letter: Army Civilian Education System - Nov 2006			x					57	FC is mandatory one-time training for all new civilians hired after 30 sep 2006. Training is provided on-line and must be completed within 6 months of appointment
Sergeant's Time Training (STT)	AR 350-1		x				No Hrs			Required monthly training for 2 hours minimum. All Enl personnel required to attend. No specific hours are required
Detainee healthcare and Medical Ethics Initial	ALARACT 025/2006	x	x						5	One time requirement All Enlisted and Officer medical personnel are required to complete this training.
Detainee healthcare and Medical Ethics Deploying Personnel	ALARACT 025/2006	x	x			x		5		All deploying Enlisted and Officer, Civilian and Contract Medical personnel are required to complete this training.
CBRNE Training (Initial)	MEDCOM OPORD 07-52 dtd 21 Dec 07. ALARACT 207/2006, dtd 23 Oct 06.	x	x	x	x	x			14	Training is based on MOS and duty position as planned during a CBRNE event.
Field Training (PROFIS)	DoDI 1322.24 AR 350-1 MC Reg 350-4	x	x			x	40			All Officer and Enlisted personnel assigned to a PROFIS position will collectively train with their operational unit (MTOE) or like unit for 5 days annually. Days may be non-consecutive and do not need to encompass an entire 24-hour period (8 hours training is considered one day.) PROFIS & CT PROFIS will train with their operational unit at a minimum of 5 days every 3 years.

* Contractor/Volunteers will complete training IAW their statement of work/contract.

MEDCOM DIRECTED TRAINING

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT					Annual HOURS	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
		OFF	ENL	CIV	*Contr/Vol	PROFIS				
Homeland Security Medical Executive Course (HLSMEC)	MEDCOM Policy on Advanced Chemical, Biological , Radiological, Nuclear and High-Yield Explosives (CBRNE) Medical Training	x	x	x	x				36	Training is based on duty position and role as planned during a response to an All Hazard event.
Hospital Management of CBRNE Casualties (HM-CBRNE)									40	
Field Management of Chemical-Biological Casualties (FCBC)									40	
Medical Management of Chemical-Biological Casualties (MCBC)									40	
Medical Effects of Ionizing Radiation (MEIR)									20	
ICS-100.HC: Intro to ICS for Healthcare or equivalent,	OPLAN 06-01, Pandemic Influenza Preparedness and Response, MEDCOM PAM 525-1.NORTHCOM CONPLAN 2501, Defense Support of Civil Authorities, dated 11 April 2006	x	x	x	x	x			4	Training is based on duty position and role as planned during a response to an All Hazard event. Personnel assigned to all SMARTs will complete ICS-700 and ICS-800.
ICS-200.HC: Basic ICS Applied to Health Care Organizations or equivalent									4	
ICS-300: Intermediate ICS									4	
ICS-400: Advanced ICS									4	
IS-700: NIMS, An Introduction									4	
IS-800.A: National Response Plan (NRP), An Introduction									4	
Defense Support to Civil Authorities (DSCA) Phase I (Online)	MEDCOM PAM 525-1 dtd 1 Oct 03. NORTHCOM	x	x	x	x				6	All SMART Team members will complete Phase I; In addition to SMART personnel, training is based on duty position and role as planned during a response to an All Hazard event.
Defense Support to Civil Authorities (DSCA) Phase II (Resident)	CONPLAN 0500-06 dtd 10 Oct 2006, OPLAN 06-01, Pandemic Influenza	x	x	x	x				40	Officers-in-Charge of all SMARTs and all SMART-Logistics members will attend the Defense Support to Civil Authorities phase II (Resident Course); In addition o SMART personnel, training is based on duty position and role as planned during a response to an All Hazard event.

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MEDCOM DIRECTED TRAINING

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT OFF	ENL	CIV	*Contr/Vol	PROFIS	Annual HOURS	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
Ardent Sentry 08	Preparedness and Response, MEDCOM PAM 525-1.	x	x	x	x			40		Select SMARTs will participate as dictated by MEDCOM OPORD (to be published)
Vigilant Shield 08		x	x	x	x			40		Select SMARTs will participate as dictated by MEDCOM OPORD (to be published)
SMART TEAM - Semi-Annual Collective	MEDCOM PAM 525-1 dtd 1 Oct 03. NORTHCOM CONPLAN 0500-06 dtd 10 Oct 2006	x	x	x	x			24		Exercises in which SMARTs may participate for credit towards a semi-annual exercise may include: - U.S. Northern Command (NORTHCOM)-sponsored exercises that require deployment of units to an incident site, to include Ardent Sentry and Vigilant Shield - Exercises sponsored by Joint Task Force-Civil Support (JTF-CS), Joint Task Force-Homeland Defense (JTF-HD), and Joint Task Force-National Capital Region (JTF-NCR) - Local community or State-sponsored exercises requiring deployment of SMARTs to an incident location. - MTF mass casualty or preparedness exercises within the region that require deployment of the SMARTs to an MTF other than at their homestation - SMART Log members will also attend the Force Health Protection Conference.
a. Training and familiarization in tactics, techniques, and procedures in Humanitarian Assistance Operations										
b. Training and certification on use, care, and maintenance of SMART equipment items to include radios.										
c. Semi-annual SMART alert and activation exercise.										
d. Medical specialty training appropriate to the SMART mission.										
Epidemiology and Prevention of Vaccine-Preventable Diseases 2007	Policy letter; Duties, Responsibilities, and Training Requirements for the Public Health Emergency Officer (PHEO) Installation Medical Emergency Officer (IMEO)	x		x	x					Training is highly recommended for personnel selected for Public Health Emergency Officer (PHEO), Installation Medical Emergency Officer (IMEO) and Assistant to PHEO (APHEO).
Terrorism, Preparedness, and Public Homeland Security Medical Executive Course (HLSMEC).										
Epidemiology and Prevention of Vaccine-Preventable Diseases 2007										
What is PTSD?	ALARACT 153-207	x		x	x				6	VA PTSD 101 Basic and intermediate level course for Nurse Case Managers Social Workers, Psychiatric Nurses, and Psychiatric Nurse Practitioner
PTSD for Primary care Clinician: Focusing on OIF/OEF Returnees										VA PTSD 101 Basic and intermediate level course for Nurse Case Managers Social Workers, Psychiatric Nurses, and Psychiatric Nurse Practitioner
Neurobiology and Pharmacotherapy for PTSD										VA PTSD 101 Basic and intermediate level course for Nurse Case Managers Social Workers, Psychiatric Nurses, and Psychiatric Nurse Practitioner
Traumatic Brain Injury										VA PTSD 101 Basic level course for Nurse Case Managers
Combat Stress Injuries										VA PTSD 101 Basic and intermediate level course for Nurse Case Managers Social Workers, Psychiatric Nurses, and Psychiatric Nurse Practitioner

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MEDCOM DIRECTED TRAINING

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT					Annual HOURS	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
		OFF	ENL	CIV	*Contr/Vol	PROFIS				
PTSD and Families	ALARACT 153-207	x		x	x				18	VA PTSD 101 Intermediate level course for Social Workers, Psychiatric Nurses, and Psychiatric Nurse Practitioners.
PTSD and Substance Abuse: Dual Diagnosis Overview and Treatment										
PTSD: General Cross-Cultural Considerations										
Physical Effects of Traumatic Exposure										
Cognitive-Behavioral Interventions for PTSD										
Vicarious Traumatization										
Sexual Assault and PTSD: Information, Screening and Treatment										
Risk Resiliency Factors in PTSD: Making Meaning from War and Trauma										
Mild-Traumatic Brain Injury										
Post Traumatic Stress Disorder Check List - Military										
The New Warrior: Combat Stress and Wellness-Perspectives for Mental Health Care Providers										
Women Who Served in Our Military Insights for Interventions: provider Perspectives										

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Warrior Transition Unit Cadre Training

Training	WTU Non-Clinical Cadre	Case Manager	Provider	HR Cadre	PAD/PEBLO	Modality	Frequency	Source of Material	Certifier
OTSG /MEDCOM Overview	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
WTU Overview	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
C2/Admin Roles	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
Role of the Platoon/Squad Leader in the "Triad"	X	X	X			DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
CBHCO C2 Roles/Responsibilities	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
Unique Elements of WTU Leadership	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
Case Management Module 1		X				DL/MHS Learn	Initial	TMA	WTU Directorate
Case Management Module 2		X				DL/MHS Learn	Initial	TMA	WTU Directorate
Clinical Practice Guidelines Overview		X	X			DL/AMEDD C&S	Initial	MEDCOM QM	WTU Directorate
Unique Elements of WTU CM		X				DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
CM Leadership Updates		X (Supervisors)				Semi-annual conferences	Initial	WTU Directorate	WTU Directorate
Warrior Transition Module Orientation	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
Joint Patient Tracking Application (JPTA)	X	X	X		X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
Medical Evaluation Board Internal Tracking Tool (MEBITT)	X	X	X		X	DL/AMEDD C&S	Initial	MEDCOM PAD	WTU Directorate
AHLTA		X	X			Onsite	Initial	TMA	WTU Directorate
HIPAA	X	X	X		X	DL/AMEDD C&S	Initial/Annual	MEDCOM PAD	WTU Directorate
VHA/VBA Basics (VA Seamless Transition Program)	X	X	X	X	X	DL/AMEDD C&S	Initial	VA Seamless Transitio	WTU Directorate
TRICARE Basics	X	X	X	X	X	DL/AMEDD C&S	Initial	TMA	WTU Directorate

Training	WTU Non-Clinical Cadre	Case Manager	Provider	HR Cadre	PAD	Modality	Frequency		
Traumatic Brain Injury	X (Leader Course)	X	X	X(Leader Course)	X(Leader Course)	DL/MHS Learn/AMEDD C&S	Initial	VA DL Program	TBI Task Force
Poly-trauma Center Overview	X	X	X	X	X	DL/AMEDD C&S	Initial	HP&S Seamless Tran	WTU Directorate
PTSD	X(Leader Course)	X	X	X(Leader Course)	X(Leader Course)	DL/MHS Learn/AMEDD C&S	Initial	VA DL Program	MEDCOM Behavioral Health
Millimans/Interquals		X				DL/MHS Learn	Initial	TMA	WTU Directorate
WTU program Standards	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
Poly Pharmacy		X	X			DL/AMEDD C&S	Initial	Pharmacy Consultant	WTU Directorate
Line of Duty	X	X	X	X	X	DL/AMEDD C&S	Initial	MEDCOM PAD	WTU Directorate
Profiles	X	X	X	X	X	DL/AMEDD C&S	Initial	AMEDD C&S	WTU Directorate
Privacy Act	X	X	X	X	X	DL/AMEDD C&S	Initial/Annual	MEDCOM PAD	WTU Directorate
Traumatic Service Members Group Life Insurance (TSGLI)	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
Medical Readiness Processing (MRP/MRP2/ADME)	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate
Army Wounded Warrior Program (AW2)	X	X	X	X	X	DL/AMEDD C&S	Initial	AW2 Program Direct	WTU Directorate
Physical Disability Evaluation System	X	X	X	X	X	DL/AMEDD C&S	Initial	MEDCOM PAD	WTU Directorate
Vocational Rehabilitation Employment	X			X		DL/AMEDD C&S	Initial	VA Seamless Transitio	WTU Directorate
Transition Assistant Advisors	X	X	X	X	X	DL/AMEDD C&S	Initial	WTU Directorate	WTU Directorate

DL=Distance Learning
AMEDD C&S=site posted
MHS Learn=site posted

Table 1

AMEDD Pre-Deployment Trauma Certification Standards

COURSE	*Duration of Course (days)*	Required Attendance (every _ years)	All Surgeons, Emergency Medicine, Anesthesiologists, Critical Care and 62B/62B substitutes	All Other Physicians	Phys Asst	CRNA/ NP	All other RNs	LPN (68WM6)	OR Tech (91D)	68W	Other Enlisted MOSs	MSC and Admin
Advanced Trauma Life Support	2.5	4	SE	O	SE(A)	SE(A)						
Advanced Cardiac Life Support	2	2	SE	SE	SE	SE	SE	SE	O	O	O	
Pediatric Advanced Life Support	2	2	O	O	O	O	SE: 66H8A/M5	O				
Advanced Burn Life Support	1	6				SE: 66F	SE: 66H8A/M5	O				
Basic Life Support	1	2	M	M	M	M	M	M	M	M	M (if clinical); O otherwise	M (if clinical); O otherwise
Trauma Nurse Core Course	2-2.5	4				SE	SE	O		O		
Emergency Medical Technician (B)	110 hrs. didactic;10 hrs. hospital obs.	2						M	O	M	O	
Combat Lifesaver Course	5	For Level 1, 2 or 3; before deployment									SE	SE
Tactical Combat Casualty Care Course	3	2	SE	SE	SE	SE	SE	SE		SE	O	O

KEY: SE=Strongly Encouraged; SE(A)=Strongly Encouraged, Audit; O=Optional; M=Mandatory

Table 2

AMEDD Pre-deployment Trauma Training Programs

Based on Unit Commander's Assessment and Mission Requirements

Level of Care	COURSE	Duration of Course (days)	Req'd Attendance (by years)	All Surgeons, Emergency Medicine, Anesthesiologists and Critical Care	All Other Physicians	Phys Asst	CRNA/ NP	All other RN's	LPN (68WM6)	OR Tech (91D)	68W	Other Enlisted MOSs	MSC & Admin
Brigade Combat Team (BCT)	Brigade Combat Team Trauma Training (BCT3)*	5 (120 pax)	Before deployment (Mobile Training Teams available)	SE	SE	SE	SE				SE		
Level 1 and 2a**	Tactical Combat Medical Care (TCMC) Course	5	Before deployment	SE	SE	SE	SE				SE		
Level 2b**	Army Trauma Training Center (Miami)	10 to 14	Before deployment (within 12 months preferred)	SE			SE	SE	SE	SE	SE		SE
Level 3***	Joint Forces Trauma Management Course	5	Before deployment	SE	SE	O	SE	SE	SE	O	O		

* BCT3=TCMC Course + 91W training; ** Includes 90-180 day rotators; *** Strongly encouraged for Level 2b personnel

KEY: SE=Strongly Encouraged, O=Optional

Warrior Transition Unit (WTU) Mission and METL

1. The WTU Mission:

Provide command and control, primary care, and case management for Warriors in Transition (WT) to establish the conditions for their healing and to promote their timely return to the force or transition to civilian life.

2. The WTU Mission Essential Task List (METL):

a. Provide command and control. Commanders and leaders will take an active approach towards ensuring Wounded Warriors and Families receive consistent appropriate administrative and clinical support. Establish policies and procedures that:

b. Provide quality primary care and case management services: Ensure timely synchronization of clinical activities within our military treatment facilities, TRICARE network providers or Veterans Health Administration facilities.

c. Synchronize clinical care, disposition and transition: Integrate the functions of the "Triad" comprised of the primary care manager, case manager and platoon leader, and of other administrative support services to restore the Wounded Warrior to optimal health and facilitate return to the military force or transition to civilian life. This includes coordinating activities with outside governmental and non-governmental agencies providing support to the Wounded Warrior and Families.

d. Provide administrative and support and services for warriors, Families and cadre: This includes, but is not limited to, ensuring open communication channels, rapid identification and resolution of financial or other personnel issues and appropriate housing.

e. Promote readiness to return to the force or transition to civilian life: Support the Wounded Warriors' return to military duty or transition to civilian life. This includes ensuring career counseling, appropriate education and vocational rehabilitation opportunities are available to each Soldier.

3. The WTU Program Training Standards:

a. The Warrior Transition Directorate, Office of The Surgeon General, has defined program standards that guide the development of all policies and procedures within our WTUs to ensure each WT and their family receives quality healthcare and the quality of life support they need to be restored to health, return to the force or transition to the civilian sector.

b. Individual and collective training will focus on providing the administrative and clinical information necessary for WTU cadre and clinical staff to integrate activities within each facility and with outside governmental and non-governmental organizations.

Warrior Transition Unit (WTU) Mission and METL

Initial individual training tasks must be completed within 30 days of assignment to the WTU. The individual training tasks will be preloaded into Digital Training Management System (DTMS). WTU Commanders will use DTMS to document cadre completion of individual training tasks. WTU Commanders may identify additional initial and ongoing individual training requirements.

c. At a minimum, WTU Commanders will identify collective training to address the following tasks:

METL: Provide command and control.

- Provide administrative and support and services for warriors, Families and cadre.
- Execute administrative in-processing to ensure newly assigned WTU Soldiers receive a timely reception including the transfer of medical records, completion of financial and personnel administrative requirements, coordination of appropriate billets for the Soldier/family and completion of Line of Duty processes if indicated.
- Execute weekly planning sessions between WTU cadre and WTU Soldier/family to identify/correct problems.
- Conduct town hall meetings with WTU Soldier/family and cadre.
- Conduct safety and morale/welfare assessments.

METL: Provide quality Primary Care Management (PCM) and Case Management (CM) services synchronize clinical care, disposition and transition.

- Complete physical and psychosocial assessment (to include completion of Post Deployment Health Assessment, Traumatic Brain Injury Assessment and Post Traumatic Stress Disorder Assessment of each WTU Soldier by the PCM and CM and complete Master Problem List).
- Coordinate and document Plan of Care to include TRICARE and/or Veterans Administration referrals with WTU Soldier/family and the WTU cadre to ensure timely access to primary and specialty care services.
- Conduct weekly clinical and administrative planning sessions between WTU Soldier/family and WTU Triad.
- Complete assessment of each WTU Soldier by the Triad (PCM, CM and Platoon SGT/Squad Leader) to determine eligibility requirements for transfer to a Community Based Health Care Organization (CBHCO).
- Execute seamless transfer of a WTU Soldier to the CBHCO, to include coordination of medical care, home environment assessment and modification (if indicated) and coordination with WTU Soldier/family.
- Identify WTU Soldiers requiring Medical Evaluation Board (MEB), provide ongoing sufficient information to WTU Soldier/family, execute accurate and timely medical narrative summary, and if indicated, rapid processing of MEB to Physical Evaluation Board status ensuring WTU Soldier/family remain informed of status.

Warrior Transition Unit (WTU) Mission and METL

METL: Promote readiness to return to the force or transition to civilian life.

- Complete counseling with WTU Soldier/family to ensure understanding of education and training opportunities available.
- Identify daily work duty activities that do not violate medical profiles, do not conflict with clinical care processes and are commensurate with rank and military duty specialty.
- Coordinate information briefs related to service benefits, educational opportunities, Army Wounded Warrior Program, Department of Labor benefits, Veterans Health Administration and Veterans Benefits Administration.

Department of Defense Publications and Correspondence

Department of Defense Instruction (DoDI) 1322.24, Medical Military Readiness Training, 12 Jul 02
Department of Defense Instruction (DoDI) 6025.19, 3 Jan 06, Individual Medical Readiness (IMR)
DOD 6025.18-R, Department of Defense Health Information Privacy Regulation, 24 Jan 03
Health Affairs Policy 05-006, Medical Program Principles and Procedures for the Protection and Treatment of Detainees in the Custody of the Armed Forces of the United States, 3 Jun 05
Health Affairs Policy 05-019, Training for Healthcare Providers in Detainee Operations, 13 Oct 05
Health Affairs Policy for DoD Smallpox Epidemiology Response (SER) Term, 12 Sep 02
Memorandum, Assistant Secretary of Defense, 25 Jan 06, subject: Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance

Army Publications and Correspondence

ALARACT Message, Importance of Personnel Recovery, 22 Jun 05
ALARACT 084/2007 AMEDD Pre-Deployment Trauma Training
ALARACT 153/2007, Interim Guidance - Army Mild Traumatic Brain Injury (MTBI) Post Traumatic Stress Disorder (PTSD) Awareness and Response Program
Army Regulation 220-1, Unit Status Reporting, 16 Mar 06
Army Regulation 350-1, Army Training and Leader Development, 13 Jan 06
Army Regulation 40-13, Medical Support, Nuclear/Chemical Accidents and Incidents, 1 Feb 85
Army Regulation 50-6, Chemical Surety, 26 Jun 01
Army Regulation 525-13, Antiterrorism, 4 Jan 02
Army Regulation 530-1, Operations Security, 27 Sep 05
Chief of Staff of the Army Message, 22 Jun 05, Importance of Personnel Recovery
DA Pamphlet 50-6, Chemical Accident or Incident Response and Assistance (CAIRA) Operations, 26 Mar 03
Army Civilian Education System Policy, Nov 06
Field Manual 3-50.1, Army Personnel Recovery, 10 Aug 05
Field Manual 7-0, Training the Force, 22 Oct 02
Field Manual 7-1, Battle Focus Training, 15 Sep 03
Memorandum, Office of the Deputy Chief of Staff G-3/5/7, Implementation of the Army Biological Surety Program, dated 7 Jan 05
Special Text (ST) 4-02-46, Medical Support to Detainee Operations, Sep 05
DA EXORD 118-07 [Healing Warriors]

US Army MEDCOM Publications and Correspondence

MEDCOM Memorandum MCCG, Training to Defend Against Smallpox, 4 Oct 02
MEDCOM Pamphlet 525-1, Medical Emergency Management Planning, 1 Oct 03
MEDCOM Regulation 525-4, US Army Medical Command Emergency Management, 11 Dec 00

FY 08 CTG References

MEDCOM Regulation 350-4, Readiness Training Requirements, 12 Feb 98
MEDCOM OPORD 07-55 (MEDCOM Implementation of the Army Medical Action Plan (AMAP))
MEDCOM OPORD 07-77 (Mild Traumatic Brain Injury (MTBI)/Post Traumatic Stress Disorder (PTSD) Awareness and Response Program)
Memorandum, Chief of Staff, US Army Medical Command, 21 Dec 04, Chemical, Biological, Radiological, Nuclear, and (High Yield) Explosives, (CBRNE) Training of Medical Command Personnel
TC 8-800, Semi-Annual Combat Medic Skills Validation Test, 14 Jun 02